

PRESIDENT'S MALARIA INITIATIVE

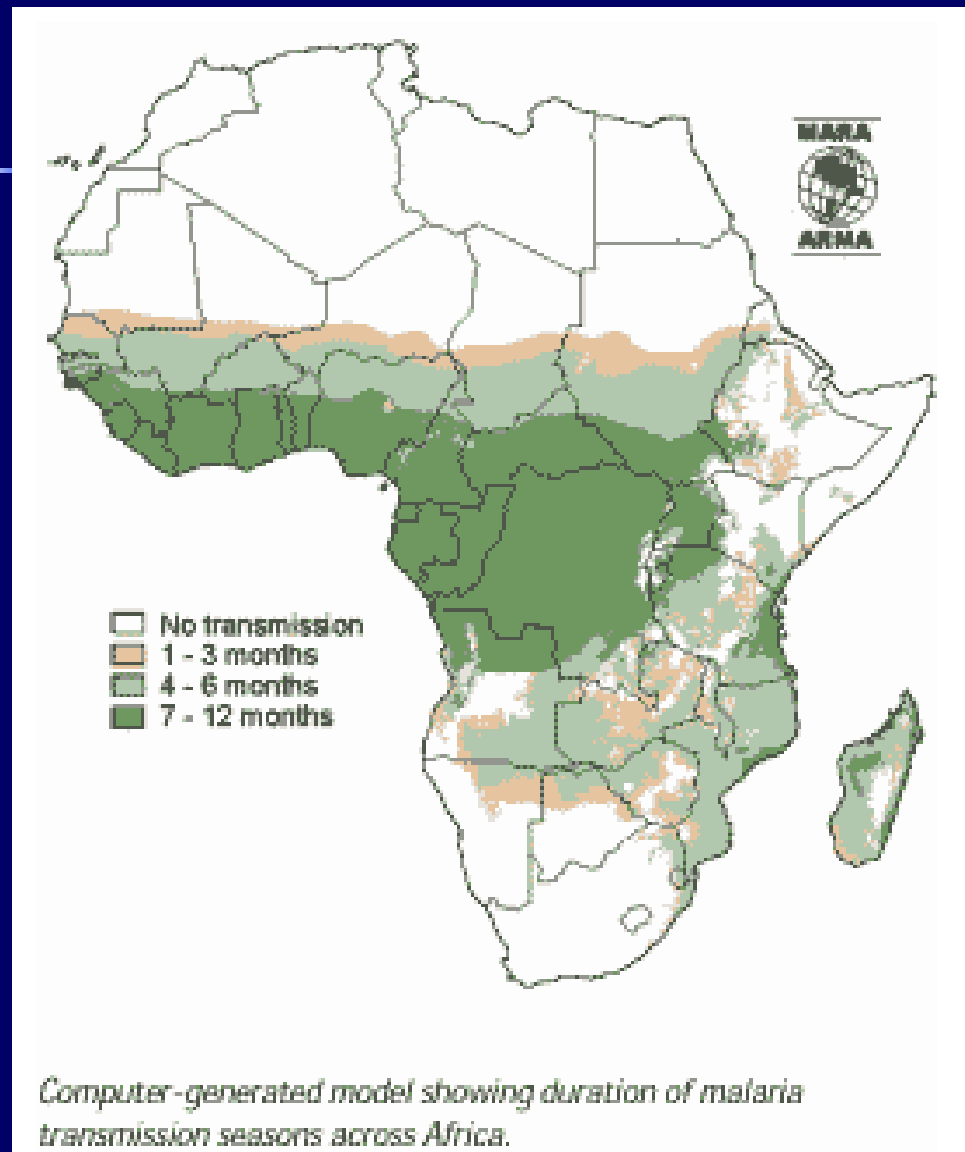


USAID
FROM THE AMERICAN PEOPLE

PRESIDENT'S MALARIA INITIATIVE



Malaria in Africa



- Africa accounts for 80-90% of all malaria deaths worldwide.

- 80-90% of those deaths occur in children under age five years.

Proven Prevention and Treatment Tools

- Insecticide-treated mosquito nets (ITNs) and long-lasting insecticide-treated nets (LLINs).
- Indoor residual spraying
- Intermittent preventive treatment for pregnant women (IPTp).
- Artemisinin-based combination therapy (ACT).

...President's Malaria Initiative

- On 30 June, 2005, President Bush announced a new five-year, \$1.2 billion initiative to rapidly scale-up malaria control interventions in high burden countries in Africa.
- Interagency initiative led by USAID with HHS/CDC as key partner
- Challenged other donors to increase their funding.

Goal and Targets

Goal: Reduce malaria-related mortality by 50% in target countries.



Goal and Targets



Targets: Achieve 85% coverage of vulnerable groups with:

- combination treatment (ACTs);
- Prevention interventions including indoor residual spraying and insecticide-treated bed nets (ITNs);
- intermittent preventive treatment (IPTp).

Funding Levels (Additive) and Coverage

Year	Funding Level	Coverage
2006	\$30 million	3 countries
2007	\$135 million	7 countries
2008	\$300 million	15 countries
2009	\$300 million	15 countries
2010	\$500 million	15 countries
TOTAL	\$1,265 million	

Strategy and Approach

- Support for an integrated approach to malaria control and strengthening national capacity;
- Commitment to work closely with host government and consistent with national malaria control plan;
- Close coordination with international and in-country partners to ensure efforts are complementary.

What will the Initiative Fund?

- **Comprehensive approach**
- **Indoor residual spraying**
- **Commodities:**
 - ACTs, SP, drugs for severe malaria
 - ITNs, especially long-lasting ITNs
 - Equipment and supplies for IRS
- **Strengthening national malaria control capabilities**
- **Monitoring and evaluation**



Countries Selected

- 1st Year: Angola, Tanzania, Uganda
- 2nd Year: Rwanda, Senegal, Malawi, and Mozambique
- 2008: Benin, Ghana, Mali, Kenya, Liberia, Madagascar, Zambia, and Ethiopia (one region)

Monitoring and Evaluation

- Initiative includes a rigorous monitoring and evaluation system to measure and report on inputs, outcomes, and impact;
- High level of financial tracking and accountability
- Close collaboration with with other partners to ensure that M&E efforts within each country are complementary.

PMI has Moved Quickly

- Within 6 weeks of the President's announcement, PMI fielded assessment teams
- Within 6 months, high impact activities launched in all three first year countries, benefiting over 1 million persons.
- In the first 12 months of implementation, the PMI supported activities benefiting over six million persons

PMI PROGRESS TO DATE

Angola

- Over 540,000 LLINs distributed in 7 Provinces
- Over 100,000 houses sprayed with insecticide – over 590,000 protected
- 1,450 health workers trained in IPTp; 1,283 health staff trained on use of ACTs
- Over 587,000 doses of ACTs & over 129,000 RDTs procured

Uganda

- Over 300,000 free LLINs distributed through clinics and IDP camps
- Over 500,000 nets retreated in 29 districts
- Over 100,000 houses sprayed with insecticide, protecting over 488,000 people
- 168 health workers trained in IPTp in 11 districts
- Over 260,000 ACT doses procured of which 87% have been distributed to health facilities
- 2,844 health workers trained on use of ACT in 16 of 80 districts

Tanzania

- 130,000 free LLINs distributed on Zanzibar
- Over 200,000 houses sprayed with insecticide, protecting over 1 million people on Zanzibar
- 128,000 people benefited from larviciding
- Over 380,000 doses of ACTs procured and distributed
- 875,000 RDTs procured
- 4,217 health workers trained on use of ACTs
- 376 health workers trained in IPTp

PVOs & NGOs: Participation in the PMI

- Participation of NGOs / FBOs / CBOs, is crucial to the success of PMI
 - Well-placed to deliver services to in remote areas where the formal health system is weak
 - Have access to community networks with capacity to greatly expand the reach of interventions
 - Benefit from a high degree of credibility at the community level
- To date, PMI has supported nearly 30 nonprofit organizations, of which five are FBOs and more than 1/3 are local, indigenous organizations

Contributions to Success

- In Tanzania, PMI is supporting two FBOs to expand the Tanzanian National Voucher Scheme for ITNs to include infants as well as people who are unable to afford full-cost or subsidized nets

